

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8812

1173

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1173</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>547 1/2 Main</u>				d. STREET ADDRESS (If rural, give location) <u>547 1/2 Main</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>PAUL</u>		b. (Middle) <u>AXEL</u>		c. (Last) <u>LINDGREN</u>	
4. DATE OF DEATH (Month) (Day) (Year)		2		14		50	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH	
9. AGE (In years last birthday) <u>38</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>unknown</u>		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>---</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>---</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>---</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Coroner's office</u>		ADDRESS <u>KCMo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of Death unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1955</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no relative to ligament</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>1034 Pratt Blvd</u>		23c. DATE SIGNED <u>3-3-50</u>			
24. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>3-13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>KC Western Dental College</u>		24d. LOCATION (City, town, or county) (State) <u>KCMo</u>	
DATE REC'D BY LOCAL REG. <u>3-13-50</u>		REGISTRAR'S SIGNATURE <u>Eveline Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Tipton</u>		ADDRESS <u>KCMo</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John B. Loretto

Licensed Embalmer No. *4773*

P. O. Address *LECMO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.